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DATE: June 12, 2007

PTO IDENTIFIER: Application Number 10/084,326-Conf. #6749
Patent Number

Inventor: Vincent ARMENTANO

MESSAGE TO: US Patent and Trademark Office

FAX NUMBER: (571) 273-8300

FROM: WILMER CUTLER PICKERING HALE AND DORR LLP

Irah H. Donner

PHONE: (212) 230-8800

Attorney Dkt. #: 2003536.00124US2

PAGES (Including Cover Sheet): 23

CONTENTS:

- Fee Transmittal (1 page)
- Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
- Amendment (17 pages)
- Transmittal (1 page)
- Applicant Initiated Interview Request Form (1 page)
- Fax cover sheet and Certificate of Transmission (2 pages)
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PTCUSA/07 (00-04)
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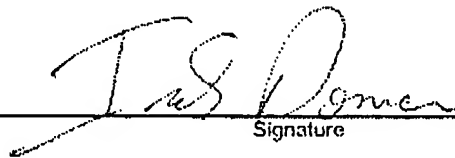
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Application No. (if known): 10/084,326

Attorney Docket No.: 2003536.00124US2

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Fee Transmittal (1 page)
Three Month Request for Extension of Time Under 37 CFR 1.136(a) (1 page)
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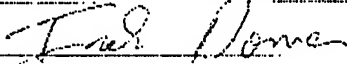
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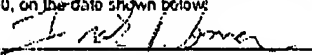
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TRANSMITTAL FORM <small>(to be used for all correspondence after initial filing)</small>	Application Number	10/084,326-Conf. #6749
	Filing Date	February 28, 2002
	First Named Inventor	Vincent ARMENTANO
	Art Unit	3626
	Examiner Name	C. L. Gilligan
	Attorney Docket Number	2003536.00124US2
Total Number of Pages in This Submission		23

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> Alter Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Applicant Initiated Interview Request Form Fax cover sheet and Certificate of Transmission
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	WILMER CUTLER PICKERING HALE AND DORR LLP		
Signature			
Printed name	Irah H. Donner		
Date	June 12, 2007	Reg. No.	35,120

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Date: June 12, 2007	Signature:  (Irah H. Donner)

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PTO/SB/17 (05-07)

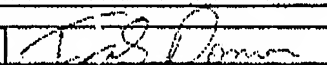
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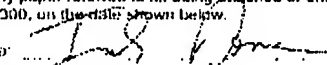
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Effective on 12/01/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (P.L.R. 4010). FEE TRANSMITTAL For FY 2007		Complete if Known Application Number: 10/084,326-Conf. #6749 Filing Date: February 28, 2002 First Named Inventor: Vincent ARMENTANO Examiner Name: C. L. Gilligan Art Unit: 3626 Attorney Docket No.: 2003536.00124US2	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27			
TOTAL AMOUNT OF PAYMENT (\$) 1,020.00			

METHOD OF PAYMENT (check all that apply) <input type="checkbox"/> Check <input type="checkbox"/> Credit Card <input type="checkbox"/> Money Order <input type="checkbox"/> None <input type="checkbox"/> Other (please identify): _____ <input checked="" type="checkbox"/> Deposit Account: Deposit Account Number: 08 0219 Deposit Account Name: Wilmer Cutler Pickering Hale and Dorr LLP For the above-identified deposit account, the Director is hereby authorized to: (check all that apply) <input checked="" type="checkbox"/> Charge fee(s) indicated below <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee <input checked="" type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 <input checked="" type="checkbox"/> Credit any overpayments	
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FEE CALCULATION 1. BASIC FILING, SEARCH, AND EXAMINATION FEES							
Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	
2. EXCESS CLAIM FEES							
Fee Description							Small Entity Fee (\$)
Each claim over 20 (including Reissues)							50
Each independent claim over 3 (including Reissues)							200
Multiple dependent claims:							360
Total Claims		Extra Claims	Fee (\$)	Fee Paid (\$)	Multiple Dependent Claims		Fee (\$)
HP = highest number of total claims paid for, if greater than 20.							
Indep. Claims		Extra Claims	Fee (\$)	Fee Paid (\$)			
HI = highest number of independent claims paid for, if greater than 3							
3. APPLICATION SIZE FEE If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).							
Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)			
- 100 =		/50 =	(round up to a whole number) x				
4. OTHER FEE(S)							
Non-English Specification, \$130 fee (no small entity discount)							Fees Paid (\$)
Other (e.g., late filing surcharge): 1253 Extension for response within third month less one month previously paid							900.00

SUBMITTED BY			
Signature: 	Registration No. (Attorney/Agent): 35,120	Telephone: (212) 230-8800	
Name (Print/Type): Ira H. Donner	Date: June 12, 2007		

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Dated: June 12, 2007	Signature:  (Ira H. Donner)

C234129

JUN 12 2007

PTOL-413A (09-06)
Approved for use through 03/31/2007. OMB 0651-0031
U.S. Patent and Trademark Office U.S. DEPARTMENT OF COMMERCE

Applicant Initiated Interview Request Form

Application No.: 10/084,326-Conf. #6749 First Named Applicant: Vincent ARMENTANO
Examiner: C. L. Gilligar Art Unit: 3626 Status of Application: Pending

Tentative Participants:

(1) Irah Donner (2) _____
(3) _____ (4) _____Proposed Date of Interview: TBD Proposed Time: TBD (AM/PM)

Type of Interview Requested:

(1) ☐ Telephonic (2) ☒ Personal (3) ☐ Video ConferenceExhibit To Be Shown or Demonstrated: ☒ YES ☐ NOIf yes, provide brief description: Video demonstration of operation of invention

Issues To Be Discussed

Issues (Rej., Obj., etc)	Claims/ Fig. #s	Prior Art	Discussed	Agreed	Not Agreed
(1) <u>Rej.</u>	<u>1-12</u>	<u>AIG Larkin</u>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4) _____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

☐ Continuation Sheet Attached

Brief Description of Arguments to be Presented:

Differentiation of present invention over the prior art

An interview was conducted on the above-identified application on _____

NOTE:

This form should be completed by applicant and submitted to the examiner in advance of the interview (see MPEP §713.01).

This application will not be delayed from issue because of applicant's failure to submit a written record of this interview. Therefore, applicant is advised to file a statement of the substance of this interview (37 CFR 1.133(b)) as soon as possible.

Irah H. Donner
Applicant/Applicant's Representative Signature_____
Examiner/SPE SignatureIrah H. Donner
Typed/Printed Name of Applicant or Representative35,120
Registration Number, if applicable